

Group Disability / Dismemberment Claim Form

團體傷殘 / 斷肢賠償申請書



Part A – To be completed by employee 甲部 — 由僱員填寫

Name of Employer (Policy Owner) 僱主名稱 (保單持有人)		Policy No. 保單號碼		
Name of Insured Employee 受保人姓名	HKID Card No. 香港身份證號碼	Certificate No. 保險證號碼	Amount of Claim 保額	Currency 貨幣

1. (a) Present occupation and exact duties 現時職業及確實職務 _____
(b) Date of employment 受僱日期 _____ (c) Date last at active full-time work 最後全職工作日期 _____

2. Please complete either 2.1 (for accident) or 2.2 (for sickness) 請填妥2.1 (如意外) 或 2.2 (如疾病)

2.1 Details of accident 意外資料

- (a) When and where? 何時及何處發生? Date 日期 _____ Time 時間 _____ am/pm 上午/下午 Place 地點 _____
(b) How did it occur? 意外如何發生? _____
(c) What were you doing at the time of accident? 當意外發生時, 你作何事? _____
(d) Which part of body was injured? Describe in detail 詳述身體受傷部位及情況 _____

2.2 Details of sickness 疾病資料

- (a) State date of onset 病發日期 _____ (b) Diagnosis 病症 _____
(c) Symptom 病狀 _____

3. (a) Give name and address of all medical practitioners who have attended you for the injury or sickness 請提供診治受傷或疾病之醫生名稱及地址

(b) If confined to hospital, please state 如須要住院, 請列明

Name of Hospital 醫院名稱 _____ Date of Admission 入院日期 _____

4. How long have/will you been/be away from work after disability?
殘疾以後, 你不能工作之時間有多少?

Totally Disabled
完全傷殘

From 由 _____ To 至 _____

DECLARATION AND AUTHORIZATION 聲明及授權

The claimant (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:

索償人(本人/吾等)聲明、同意及明白以下各項(視乎情況適用而定)，並在此申請表簽署作實：

1. All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this application are full, complete and true. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company") may be unable to process this application if I/we fail to provide any information required to this application.

此申請表上所載的聲明及答案，以及經本人/吾等簽署之所需的體格檢驗、問卷、修改書及其他文件，均屬真確無訛，詳細完整，並構成申請的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。倘本人/吾等未能提供此申請所需資料，可導致香港永明金融有限公司，包括繼承人或承讓入(在此稱為「公司」)未能處理此申請。

2. I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.

本人/吾等完全明白公司不受一些本人/吾等沒有在此申請表上提及或刊印向任何人士定立的聲明所約束。

3. Personal Information Collection Statement

Personal data (including credit information, claims history and third party personal information) may be collected by the Company from time to time in various forms or processes. They are being collected, used and disclosed by the Company for the following necessary purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Company may disclose such personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply and (m) as otherwise required or permitted by law.

The Company may also use and disclose such personal data in other ways with the consent of the data subjects or as otherwise required or permitted by law. If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company. For group clients, these information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents.

Clients in respect of whom personal data is being collected should understand that it is voluntary for them to provide these information, but failure to provide the requested personal data could mean that the Company is unable to process their applications or to continue the provision of the required services. Clients have the right to seek access to and request correction of any personal data the Company holds about them by sending a written request to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.

The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.

The Company may also use contact details, basic personal data and policy details to contact clients with marketing information regarding the Company and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. The Company may not so use clients' data unless the Company has received clients' consents.

《個人資料收集聲明》

公司可以不時透過各種表格或程序收集個人資料(包括信用資料、索償紀錄和第三方個人資料)。上述的個人資料收集、使用及披露，是為了公司達到以下需要的目的：(i) 處理及評估申請及/或其他金融服務申請；(ii) 管理並提供與保險及/或金融產品相關服務；(iii) 處理、調查和結清保險索償個案，以及偵測和防止欺詐行為(無論是否與公司發出的保單有關)；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與客戶聯絡；(viii) 與上述目的直接有關的任何其他目的；及 (ix) 為遵守適用的法例、法規或法庭命令。

基於上述目的，公司可以披露有關客戶個人資料予(a) 為協助公司就上述用途(不論在香港或其他地方)而提供服務的第三方，包括索償調查員、保險理算人、醫療顧問、醫療專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問；(b) 銀行作繳款用途；(c) 直接或間接代表保單持有人或客戶的保險經紀；(d) 公司的保險代理人及強積金中介人；(e) 公司的關連公司(根據公司條例證明)包括退休金服務提供者、金融服務機構及其他保險公司；(f) 香港保險業聯會(或任何相似的保險公司協會)及其會員；(g) 團體產品的保單持有人/受保僱員之僱主；(h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商；(i) 整合保險業索償和承保資料的組織；(j) 防欺詐組織；(k) 其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指定的其他人土、警察和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；(l) 公司及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及 (m) 按法例要求或准許的其他人士。

在法例的要求或容許下，或獲得資料當事人的同意後，公司可以將客戶的個人資料披露並作其他用途。假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。對於團體客戶而言，這些資料可以包括但不限於屬於客戶的僱員、團體成員、受保人和/或其代表或家屬的個人資料。

客戶應明白就其個人資料收集所提供的個人資料乃出於自願，但如客戶未能提供所需的個人資料，公司將無法處理其申請或繼續提供所需服務。客戶有權查閱及要求更正公司持有的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡德輔道中22號海濱廣場二座10樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。

公司可不時在其網站www.sunlife.com.hk提供最新的《個人資料收集聲明》。

公司亦可使用客戶之聯絡資料，基本個人資料及保單資料，就公司及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡客戶，惟我們必須先得到客戶的同意，否則公司不可使用客戶的資料為該用途。

4. I/We further authorized: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application; and (b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this application. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等同時授權：(甲) 任何擁有任何本人/受保人之記錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構或人士就此申請向公司或其代表披露、透露或轉移此等記錄、詳情或資料；及(乙) 公司或公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此申請之本人/受保人的健康情況。此授權書對本人/受保人之繼承人及受讓人有約束力，並於本人/受保人身故後或喪失能力後仍然有效。此授權書的正本及影印本同屬有效。

Signature of Witness 見證人簽署

Name 姓名：
HKID Card No. 香港身份證號碼：
Date 日期：

Signature of Employee 僱員簽署

Name 姓名：
HKID Card No. 香港身份證號碼：
Date 日期：

Authorized Signature with Company Chop 授權人簽署及公司蓋章

Name 姓名：
Title 職位：
Date 日期：

In the event that the employee is unable to sign this application, it should be filled up and signed by the Policy Owner/Employer during disability.

如僱員因傷殘不能填寫此申請表，可由僱主代為填寫及簽名。

The furnishing or investigation of this application or other claim forms does not constitute an admission of the Company's liability and will not be considered as a waiver of any of the Company's right.

本公司提供此申請表及對賠償之申請進行調查，並不表示本公司放棄任何權利或同意任何責任。

Attending Physician Report 主診醫生報告

Part B – To be completed by attending physician 乙部 — 由主診醫生填寫

1. PARTICULARS OF THE PATIENT 病人資料 Name of Patient 病人姓名 _____ I.D.Card No. 身份證號碼 _____ Age 年齡 _____	
2. Date of accident/onset of sickness 意外發生 / 病發日期 _____	
3. a) Describe and locate accurately cause, character and extent of injury of sickness 請敘述受傷或疾病之原因、性質及程度 _____ b) Describe the present condition 請敘述現時狀況 i) Are the symptoms progressive, stationary or improving? 症狀是否惡化、穩定或好轉? _____ ii) Does the disability render the patient totally disabled or partially disabled? 殘疾是否會導致病人完全傷殘或部份傷殘? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Please state cause of disability 請註明傷殘原因 _____	
4. When did symptoms first appear? 病症何時首次出現? _____	
5. Date of first and latest consultation 首次及最近診治日期 First Date 首次日期 _____ Latest Date 最近日期 _____	
6. Describe type of treatment, surgical procedure or operation performed 請敘述接受何種治療、手術步驟或外科手術 _____	
7. Give details of any history of physical impairments which may have contributed directly or indirectly to the accident or sickness or which may likely to retard his recovery 請詳述有關病人身體殘缺病歷而會直接或間接阻慢受傷或痲病痊癒程度 _____ _____	
8. Is condition due to pregnancy? 上述情況是否因懷孕引致? _____	
9. a) In your opinion, could the patient resume any work for which he is fitted by nature, training and experience? 據閣下意見，病人是否可以利用其訓練及經驗重新從事任何適當工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Please give date to resume work 請提供重新工作日期 _____ b) If the patient is continuously totally disabled, how long will such total disability continue? 如病人是繼續完全傷殘，此傷殘會維持多久? _____	
10. Details of Hospitalization 醫院資料 a) Name of Hospital where treatment was received 入院醫院名稱 _____ b) Was the patient admitted as an inpatient or was treatment received as an outpatient? 病人是否需住院或只需在門診接受治療? <input type="checkbox"/> Inpatient 住院 Period of Hospitalization 住院時期 From 由 _____ To 至 _____ <input type="checkbox"/> Outpatient 門診	
I hereby certify that having personally examined the above named patient, the facts as set forth are true and correct 本人茲證明以上有關病人之資料乃真實及正確	
Name of attending Physician: _____ 主診醫生姓名	Signature of attending Physician with Official Chop 主診醫生簽署及蓋章
Qualifications: _____ 資歷	
Address: _____ 地址	
Telephone: _____ 聯絡電話	Date 日期: _____